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V. J. SKUTT,
PRESIDENT

MUTUAL BENEFIT HEALTH & ACCIDENT ASSOCIATION
The Largest Exclusive Health and Accident Company in the World

April 4, 1961

Government Employees
 Health Association
 P. O. Box 463
 Washington 4, D.C.

STAT Attn. [redacted] President

STAT [redacted] Association Benefit Plan

This letter will serve as a recapitulation and confirmation of the items we discussed the evening of March 29, 1961.

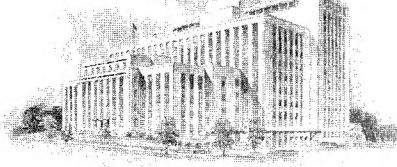
While you felt that your policy was satisfactory, as presently constituted, you also felt that we should make any changes in this contract that were made in the other Association Benefit Plans. In addition, you felt that it would be a stimulus to the participation under the program if you could show the participating members that certain liberalizations had been made.

In accordance with this discussion, we agreed to the following liberalizations, to be effective November 1, 1961:

Coverage for a podiatrist---in accordance with the wording suggested for this coverage, which reads as follows:

"It is understood and agreed that the policy to which this rider is attached is hereby amended, so as to recognize a licensed podiatrist for services performed within the scope of his practice as determined by the laws of the state in which the services were performed, and to the extent that the services would be recognized as a covered charge under this group policy if it were performed by a Doctor of Medicine, subject to the following limitations:

- (a) the service must be necessary for the repair of lacerations of the foot, or of wounds of the foot produced by thermal or chemical agents; or
- (b) the service must be necessary for the reduction



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of fractures or complete dislocations of the bones of the foot, but not subluxations of the joints of the foot; or

- (c) the service is surgery, requiring incision through the true skin of the foot.

The services of a podiatrist for the removal of corns or callouses will not be recognized as a covered charge under this group policy."

In addition to the above, we discussed the inclusion of a rider, covering the services of a dental surgeon, in accordance with the following wording:

"It is understood and agreed that the policy to which this rider is attached is hereby amended so as to recognize the charges of a dental surgeon for surgical operations performed on the jaw or the mouth, in accordance with the schedule of operations listed in the Surgical Operation Expense Benefits provision and the covered surgical charges described in the Major Medical Expense Benefits Provision.

"The services of a Dental Surgeon for tooth extractions, or other dental work or surgery on the teeth, gums, or alveolar processes will not be recognized as a covered charge under this group policy."

In addition, we discussed what seemed to be an unusual influx of claims for a two-month period and you explained it by advising us that, for a time, you had been running behind processing these claims and had hired additional help to bring you up to date. This additional help processing the claims caused the unusual fluctuation and you now feel that the claim level should be maintained.

I believe this covers all of the items we discussed, John. As you will note, I did not include any items you discussed with Don Whitney. If there is anything I omitted or stated incorrectly, please advise me immediately, so that you will be in a position to indicate to the Civil Service Commission that these changes are to be effective on November 1, 1961.

Sincerely,



Norman C. Conway
Regional Service Manager
Group Div.

NCC:MLC